

OFFICE OF THE INSPECTOR GENERAL

DMHMRSAS

SNAPSHOT INSPECTION

SOUTHWESTERN VIRGINIA MENTAL HEALTH INSTITUTE

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INSPECTOR GENERAL

OIG REPORT # 69-02

EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at the Southwestern Virginia Mental Health Institute (SWVMHI) during September 12, 2002. The primary purpose of this inspection was to review the facility in three quality of care areas: the general conditions of the facility, staffing patterns and active treatment provided.

Several sources of information were utilized in the completion of this report including a tour of the facility, observations of interactions between the staff and patients, interviews with administrative and clinical staff and patients, and a review of documentation including client records, performance initiatives, and general programming.

The facility was well maintained and comfortable. Patients reported feeling safe, comfortable with the living conditions and engaged in the treatment process. Staffing patterns were consistent with the facility expectations. Staff reported a minimal amount of overtime during August 2002.

SWVMHI continues to conduct a performance improvement initiative designed to address issues associated with the recruitment and retention of nursing staff.

The facility has been expanding its psychosocial rehabilitation programming. Training by the Boston Center continues to be offered as a way of enhancing staff skills in the recovery model. It is the goal of the facility to generalize the principles of the recovery model to unit management. The primary area of concern during this inspection centered on the absences of documented crisis plans as a safety net for patients re-entering the community at discharge.

FACILITY:	Southwestern Virginia Mental Health Institute Marion, Virginia
DATE:	September 12, 2002
TYPE OF INSPECTION:	Unannounced Snapshot Inspection
REVIEWERS:	Cathy Hill, M.Ed. Heather Glissman, B.A. Syed Ahmed, M.D.
REVIEW ACTIVITIES:	A tour of the units was conducted, clinical records were reviewed, and interviews occurred with patients and staff.

GENERAL CONDITION OF THE FACILITY
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Finding 1.1: Tours of the facility demonstrated that the environment was clean, comfortable and well maintained.

Background: Members of the OIG staff completed a tour of the Bagley Building. This building houses both residential and treatment units for adolescents and adults. Since the OIG inspection in December 2001, the facility has successfully moved the 16-bed adolescent unit from the C Building. Staff reported that many positives have resulted from this move, such as a significant decrease in the use of seclusion or restraint.

The Bagley Building is nicely designed, and was noted to be clean, comfortable and well maintained. Patients reside in single or double rooms that share a bathroom with the adjoining suite. There are a number of rooms available for visitor meetings, small and larger group sessions, as well as a variety of activity spaces. Patients interviewed expressed feeling safe and believed the staff worked hard at meeting their needs.

Recommendation: Continue to focus on the provision of providing a safe and comfortable therapeutic environment.

DMHMRSAS Response: Southwestern Virginia Mental Health Institute will continue to focus on providing a safe, secure environment for the clients. The Security Enhancement System, fully implemented last year, continues to provide enhanced patient safety. Security staff makes regular rounds on all shifts with emphasis placed on patient care and treatment areas. Security staff spend additional time in patient areas where acuity is the highest. Ensuring patient safety and comfort are maintained are areas of major focus at SWVMHI

STAFFING ISSUES

Finding 2.1: Staffing patterns were noted to be consistent with facility expectations.

Background: Interviews and observation revealed that the facility was operating with staffing levels that met the facility expectation for adequate coverage on all of the units.

Staffing patterns noted during the day shift were as follows:

A/B Unit	4 RNs	5 CNAs	for 36 patients
C/D Unit	4 RNs, 1 LPNs,	6 CNAs	for 29 patients (5 on constant observation)
E/F Unit	2 RNs, 3 LPNs,	7 CNAs	for 38 patients
G Unit	1 RN	1 CNA	for 7 patients
H Unit	1 RN	3 CNAs	for 3 patients
I Unit	2 RNs, 2 LPNs,	3 CNAs	for 20 patients
J Unit	2 RNs	4 CNAs	for 19 patients

The review team's observations were that the staffing levels were appropriate and therapeutic for providing quality care to the patients. All of the 14 nursing staff interviewed indicated that overtime was noted to be minimal for August 2002. Staff were appropriately engaged in their duties and the interaction between staff and patients appeared positive and natural. Patients interviewed reported having opportunities to discuss concerns and problems with the staff. Nursing staff were identified as the most helpful by 14 of the 16 patients interviewed. Two indicated that they found social work staff to be the most helpful.

Recommendation: Maintain staffing patterns that meet facility expectations for patient safety and therapeutic involvement.

DMHMRSAS Response: This year, all staffing patterns for each unit at SWVMHI were reviewed and revised to establish adequate levels of appropriate nursing staff on a consistent basis across the week. This has assisted in more efficient use of nursing staff resources as well as enabling the Staffing Nurse Coordinators to deploy available staff to areas of highest acuity. A task force of direct care staff and nurse managers was formed two months ago and has met three times thus far to assist scheduling practices. Several goals of this group are:

- To promote staff ability to “self schedule” within certain parameters
- Maintain the needed staffing patterns.
- Consider weekend duty incentives as budgetary demands allow.

A standing Nursing Staffing committee continues to meet monthly membership includes:

- Facility Director
- Human Resources Manager
- Nursing/Human Resource employees.

Finding 2.2: SWVMHI celebrated Nurses Appreciation Week through a variety of creative activities and events.

Background: SWVMHI celebrated Nurses Appreciation Week through a variety of creative activities and events designed to showcase the many talents of the nursing staff as well as demonstrate the facility’s gratitude. Activities included poetry and other writings, a poster contest and a ward decoration competition among the nursing staff, daily snacks for each shift by private organizations and a reception in honor of nursing. A newsletter was issued outlining the activities and publishing several of the writings.

At the conclusion of the week, nursing management requested feedback from nursing staff. Although, nursing staff expressed an appreciation of the effort made by the facility, many took that opportunity to provide constructive criticism, which was reviewed by administration.

Recommendation: Continue to find ways of recognizing and supporting the nursing staff.

DMHMRSAS Response: DMHMRSAS encourages the celebration of Nurses Week. At SWVMHI, employee work profiles for nurse managers are being revised to include an element related to positive recognition of staff that will be evaluated annually. An employee pole determined the following recognitions to be meaningful:

- “Employee of the month” plaques
- Letters published in the newsletter
- Food recognition events
- Opportunities in meetings to acknowledge achievements

Quarterly Nursing Forums continue to be held, and staff input is acknowledged as appropriate.

PATIENT ACTIVITIES

Finding 3.1: SWVMHI continually reviews and implements programs that will enhance the principle of the recovery model throughout the facility.

Background: This facility offers a wide array of treatment activities throughout the day to best accommodate the needs of clients and limited space available. OIG team members observed five morning treatment activities. Four of the five were enrichment activities that had a goal of developing an interest of a patient, such as woodwork, horticulture, arts and crafts and an exercise program led by a recreational therapist. A fifth activity was conducted by the occupational therapist with the goal to learn better communication skills with an emphasis on goal setting and task completion. In addition, OIG staff was informed of the assignment of a Recreational Therapist to the adolescent unit. This person in conjunction with the evening staff nurse plans and executes structured recreational activities including a designated gym time. Nursing staff noted that with the increased evening activities there had been a decrease in the usage of PRN medications.

Not only has the facility expanded program offerings, efforts have been made to enhance rehabilitation staff skills in the key areas of the Boston Model through a quality management initiative. This initiative was established to incorporate previously learned skills by the rehabilitation staff into four quality component procedures. These include a review of staff skills in orienting, coaching, applying activity content and varying contextual support. The results of this performance improvement initiative demonstrated an enhancement of staff skills in all areas. It is the facility’s goal to expand rehabilitation skills through trainings regarding the Boston Model to all the nursing staff. This will help the principles of the recovery model to generalize to unit management.

Recommendation: Continue efforts to broaden the principles of recovery within this facility.

DMHMRSAS Response: The Rehabilitation Department at SWVMHI continues to enhance and monitor the Psychiatric Rehabilitation (recovery enhancing) programs through an ongoing Quality Management program. Indicators this year continue to track

Quality of Programs, Effectiveness of Programs and Patient/Staff Satisfaction with programs.

Employees are supported in becoming competent in the application of skills and technologies of rehabilitation service delivery through training and technical assistance. Specific Quality Management Indicators are as follows:

- Indicator #1 - Ensures, through supervision and coaching, that supervisors regularly observe and document the quality of practitioner's skills during the service delivery session.
- Indicator #2 - Documentation reviews to ensure standards of Treatment Planning, progress note documentation and that patient is progressing toward established objectives within designated time frames.
- Indicator #3 - gives patients and staff a survey tool by which they can express opinions specific to Rehabilitation programming.

Additionally, the Rehabilitation Department of SWVMHI continues to work closely with each Unit Director and Treatment Team in reviewing the menu of services, changing the components to meet patient needs. Recent additions to the provision of services include:

- Individualized programming for the geriatric population
- Short-term fast tracked skill program for patients in the Admissions Unit
- Recovery readiness program for patients in the Admissions Unit
- Afternoon enrichment sessions for Extended stay patients
- Weekly LEAP (Leadership, Empowerment, and Advocacy Program) Consumers from the local Clubhouses assist SWVMHI patients gain skills and knowledge that will support re-entry to desired communities.

OTHER FINDINGS

FINDING 4.1: Record reviews revealed that “safety net “crisis plans were not consistently developed for patients at the time of discharge.

Background: Five discharge records were reviewed. Of the five, three individuals were admitted to the facility on temporary detention orders. This requires a hearing to occur within 48 hours to determine if commitment to the facility continues to be warranted due to the person's level of dangerousness to himself or others or inability to substantially

care for himself in the community. These individuals were discharged as a result of their commitment hearing. For example, one of the three individuals' profile was consistent with a high risk category of persons that successfully commit suicide. The facility did establish appropriate follow-up community appointments, but the earliest one was scheduled for six days after his discharge. There was not an indication in the record that staff had developed and discussed a crisis plan with this patient. This patient, because of no prior involvement in the mental health community, may represent a population that typically does not follow through with formalized treatment recommendations but may use natural support systems in times of trouble.

The discharge instruction forms used by the facility and community providers contains a section for the development of a written plan for crisis intervention but not one of them was completed in the five records reviewed. Any assessment at the time of discharge for the patient's ongoing level of risk needs to include availability of both professional and natural community supports. (Natural community supports include family, neighbors, social groups, faith communities, etc.) Helping the patient think through strategies for dealing with re-emerging feelings that were associated with the crisis (often suicidal plan or attempt) and are likely to recur upon discharge. Articulating this formally with the patient increases the likelihood that the person will use these supports constructively.

It makes good risk management sense for the facility to document in the hospital chart, this level of crisis planning with the patient at the time of discharge.

Recommendation: Develop and document crisis intervention plans as a routine part of the clinical discharge process.

DMHMRSAS Response: Discharge planning, including crisis planning is under the joint purview of the facility and the Community Service Board responsible for the client, SWVMHI has educated and reminded facility and CSB staff regarding the importance of including a crisis plan for all clients being discharged. The CSB After Hours Crisis number, is designated as the routine crisis plan by the Discharge Protocols for Community Services Boards and Mental Health Facilities and is included in all cases. Pursuant to Section 5.2 of the DMHMRSAS Discharge Protocols, "when specialized crisis plans are recommended, Facility Staff shall notify the CSB that a specialized crisis plan needs to be developed as part of the final discharge plan".

The facility will notify all CSBs in the region of this finding on the part of the OIG seeking to ensure responsiveness to the need for a crisis plan.